

ATTACHMENT

DEC. NO.
000000000000OFFICE OF
VITAL
STATISTICS

CERTIFICATE OF DEATH

State of Delaware (107) 005013

LOCAL REG NO.

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

STATE FILE NUMBER

DECEDENT

TO FUNERAL DIRECTOR: After certificate has been
filled by attending physician and completely filed in
by funeral director, remove carbon, fill parts 1 and 2
with Registrar within 72 hrs. after death and then use
Burial Transit Permit for disposition of body.

1. DECEDENT'S NAME (FIRST, MIDDLE, LAST)		2. SEX		3. DATE OF DEATH (MO, DAY, YR)	
LAWRENCE A. MC GULGAN		MALE		SEPTEMBER 18, 2006	
4. SOCIAL SECURITY NO.	5. AGE (YRS)	6. UNDER 1 YEAR	7. UNDER 1 DAY	8. DATE OF BIRTH (MO, DAY, YR)	9. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)
	50				
10. WAS DECEDENT EVER IN U.S. ARMED FORCES?		11. ANATOMICAL GIFT		12. PLACE OF DEATH (HOSPITAL ONLY ONE, SEE INSTRUCTIONS ON OTHER SIDE)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> DONATED <input checked="" type="checkbox"/> NOT DONATED		<input type="checkbox"/> HOSPITAL <input type="checkbox"/> INPATIENT <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> D.O.A. <input type="checkbox"/> HOME <input type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (SPECIFY)	
13. FACILITY NAME, IF NOT INSTITUTION GIVE STREET AND NUMBER		14. CITY, TOWN, OR LOCATION OF DEATH		15. COUNTY OF DEATH	
CHRISTIANA CARE HEALTH SERVICES		NEWARK		N.C.	
16. SURVIVING SPOUSE (IF WIFE GIVE MARRIAGE NAME)		17. DECEASED'S USUAL OCCUPATION (ROAD OF WORK OR USUAL ACT OF WORKING LIFE, DO NOT USE RETIRED)		18. KIND OF BUSINESS/INDUSTRY	
CHRISTIANA HOSPITAL		WARDEN		DEPT. OF CORRECTIONS	
19. RESIDENCE - STATE	20. ZIP CODE	21. CITY, TOWN, OR LOCATION		22. STREET AND NUMBER	
DELAWARE	19805				
23. WAS DECEDENT OF HISPANIC ORIGIN? (SPECIFY NO OR YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.)		24. RACE - AMERICAN INDIAN, BLACK, WHITE, ETC. (SPECIFY)		25. DECEASED'S EDUCATION (SPECIFY GRADE COMPLETED)	
NO		WHITE		COLLEGE (1-4)	
26. FATHER'S NAME (FIRST, MIDDLE, LAST)		27. MOTHER'S NAME (FIRST, MIDDLE, MARRIAGE NAME)			

PARENTS

INFORMANT

DEPOSITION

PROMULGATING OFFICIAL

07045 27-28 MUST
BE COMPLETED BY
PHYSICIAN OR HIS
POB SURGEON
72 HOURS AFTER
DEATHSEE DEFINITION
ON OTHER SIDE

CERTIFIER

28. INFORMANT'S NAME (TYPE PRINT)		29. MAILING ADDRESS (STREET AND NUMBER OR RURAL, ROUTE, BOX NO., CITY OR TO R.S. STATE, ZIP CODE)	
30. METHOD OF DISPOSITION		31. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY, OR OTHER PLACE)	
<input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> OTHER (SPECIFY)		FAMILY CREMATION SERVICES	
32. LICENSE NUMBER (IF LICENSED)		33. NAME AND ADDRESS OF FUNERAL HOME	
CHARLES E. MEALY, M.D.		MEALY FUNERAL HOMES PO BOX 2866, WILMINGTON, DE 19805	
34. DATE OF DEATH		35. DATE FILED (MO, DAY, YR)	
SEP 22 2006		SEP 22 2006	
36. SIGNATURE AND TITLE OF CERTIFYING PHYSICIAN		37. DATE SIGNED (MO, DAY, YR)	
JENNIE VRSHEVSKY, M.D.		9/18/06	
38. DATE OF DEATH		39. WAS CASE REFERRED TO MEDICAL EXAMINER (YES OR NO)	
9/18/06		Yes	

39. SIGNATURE AND TITLE OF CERTIFYING PHYSICIAN		40. DATE SIGNED (MO, DAY, YR)	
JENNIE VRSHEVSKY, M.D.		SEPTEMBER 19, 2006	

JENNIE VRSHEVSKY, M.D., 200 SOUTH ADAMS STREET, WILMINGTON, DE 19801

41. WAS AN AUTOPSY PERFORMED?	42. MANNER OF DEATH	43. CAUSE OF DEATH
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> UNDETERMINED	ATHEROSCLEROTIC CARDIOVASCULAR DISEASE

44. PART I DO NOT ENTER THE MODE OF DEATH SUCH AS GUNSHOT OR HEART FAILURE. LIST ONLY ONE CAUSE PER EACH LINE.		45. IMMEDIATE CAUSE (FATAL DISEASE, INJURY OR CONDITION THAT IN YOUR OPINION CAUSED THE DEATH)
		ATHEROSCLEROTIC CARDIOVASCULAR DISEASE
46. SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE OR INJURY WHICH IMPULSED EVENTS RESULTING IN DEATH. LIST		
PART II OTHER SIGNIFICANT CONDITIONS—		
CONTRIBUTING TO CAUSE OF DEATH		

TO HOSPITAL OR PHYSICIAN — DELAWARE LAW
REQUIRES THAT THE DEATH CERTIFICATE BE
EXECUTED WITHIN 72 HOURS AFTER DEATH.

REV. 8/99

(1) ORIGINAL COPY—STATE